

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040960

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. 1002 Registrar's No. 5553 STATE FILE NUMBER

FILED OCT 24 1963

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Platte</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>         |  | c. CITY OR TOWN <u>Kansas City</u>  |  |
| Length of stay in 1b <u>45 Yrs.</u>   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Residence</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>Rt. 28</u>  |  |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                             |  | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |

|   |                            |   |  |                                  |  |
|---|----------------------------|---|--|----------------------------------|--|
| 3. NAME OF DECEASED<br>(Type or print) First <u>Buena</u> Middle <u>Ramey</u> Last <u>Ramey</u> |                            |   | 4. DATE OF DEATH Month <u>October</u> Day <u>12</u> Year <u>1963</u> |                                  |  |
| 5. SEX <u>Fe</u>  | 6. COLOR OR RACE <u>Wh</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-19-92</u>                                     | 9. AGE (last birthday) <u>70</u> | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>At Home</u> | 11. BIRTHPLACE (City and state or country)<br><u>Smithville, Missouri</u> | 12. CITIZEN, OF WHAT COUNTRY<br><u>USA</u> |
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| 13a. FATHER'S NAME<br><u>John F. Logan</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Emma F. Hornback</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Ottie Ramey</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT<br><u>James L. Ramey</u> Address <u>Rt. 28, Kansas City 64, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u><br>DUE TO (b) <u>Arteriosclerotic Heart Disease</u><br>DUE TO (c) <u>5 yr</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>20 min</u> |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Essential Hypertension</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|--|--|--|

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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY<br>Hour <u>          </u> Month, Day, (Year) <u>          </u><br>a.m. <u>          </u> p.m. <u>          </u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br>COUNTY <u>          </u> STATE <u>          </u> |
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| 21. I attended the deceased from <u>1960</u> to <u>10-12-63</u> and last saw her alive on <u>10-10-63</u><br>Death occurred at <u>7 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |
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|   |                                       |                                     |
|---|---------------------------------------|-------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>David R. Chiles M.D.</u> | 22b. ADDRESS<br><u>Smithville, Mo</u> | 22c. DATE SIGNED<br><u>10-13-63</u> |
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|  |                                   |  |   |
|--|-----------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>Oct. 14, 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Second Creek Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri</u> |
|--|-----------------------------------|--|---|

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|---|-----------------------------------|---|--|
| 24. FUNERAL DIRECTOR<br><u>McComas Funeral Home</u> | ADDRESS<br><u>Smithville, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>10-14-63</u> | 26. REGISTRAR'S SIGNATURE<br><u>Bessie Smith</u> |
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USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF David R. Chiles MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.